NOTICE OF INDEPENDENT REVIEW DECISION

May 28, 2003

RE: MDR Tracking #: M2-03-0895-01-SS

performed without bias for or against any party to this case.

IRO Certificate #: IRO4326

organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.	or
has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the part referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.	
The independent review was performed by a physician reviewer who is board certified in neurosurgowhich is the same specialty as the treating physician. The physician reviewer has signed a certifical statement stating that no known conflicts of interest exist between him or her and any of the treating	

physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was

Clinical History

This patient slipped on the ice and fell in a sitting position on _____, injuring her lower back. She had a lumbar laminectomy sometime in 1995 from a previous injury but was still had chronic lumbosacral and radicular pain. This accident caused an exacerbation of this pain and she initially was seen by a chiropractor who eventually sent her for a neurosurgical evaluation. She underwent lumbar epidural steroid injections without any relief in pain. A lumbar myelogram from 11/14/02 revealed blunting of the L4-L5 nerve root sheath and post-myelogram CT scan revealed disc bulge at L5-S1 level. The Nerve Conduction Velocity (NCV) and Electromyography (EMG) studies were normal.

Requested Service(s)

A right lumbar laminectomy at L5-S1

Decision

It is determined that the right lumbar laminectomy is medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The patient's symptom's and physical exam are consistent with lumbar radiculopathy that has progressed over a number of years of conservative care. The myelogram and CT scan reveal neural foraminal narrowing at L5-S1 which would be amenable to the proposed surgery. Therefore, the right lumbar laminectomy is medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 28th day of May 2003.